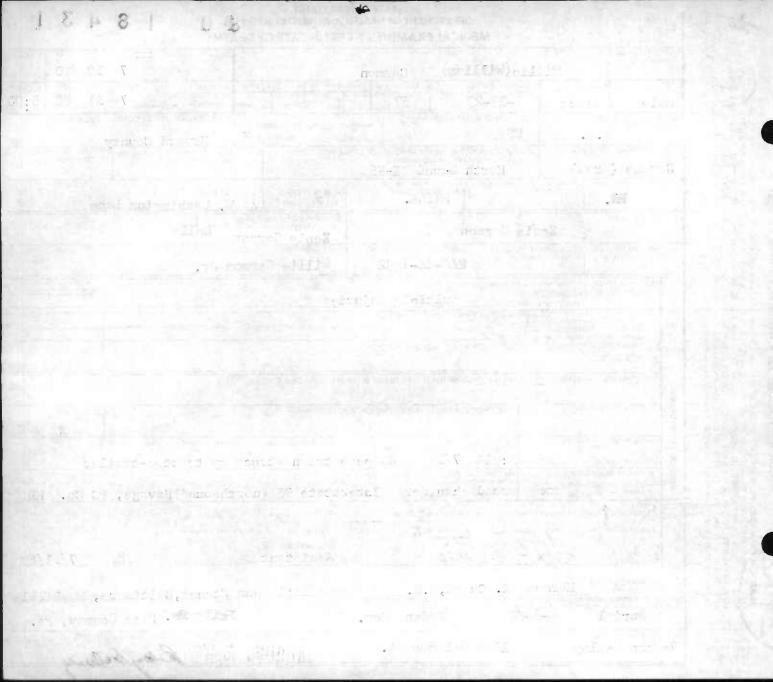
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executed within 24 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fishould be detoched for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the haspital or attending physician.

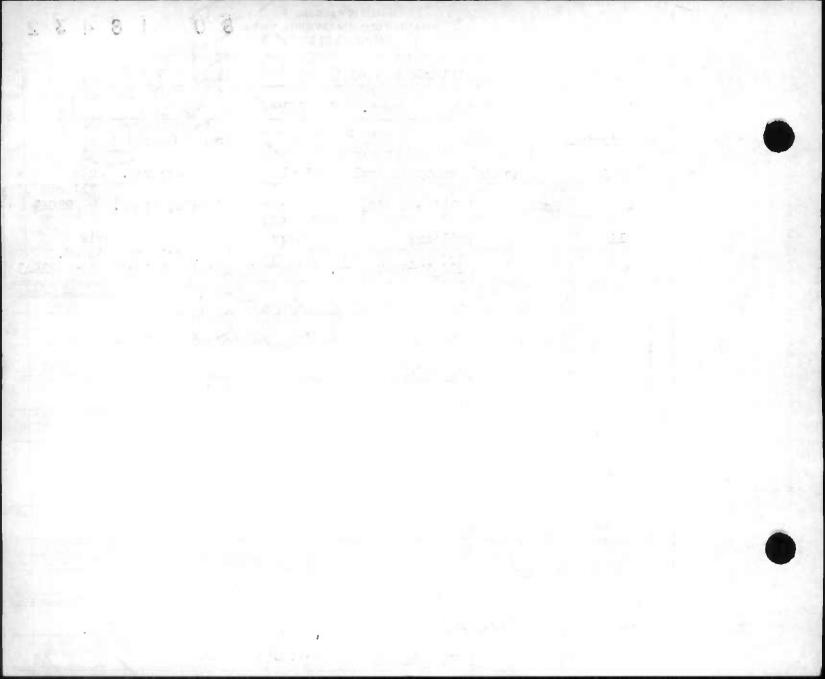
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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

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8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG		5. NO.	8 4	3 2
1. DECEASED NAME (TYPE OR PRINT)	FIRST L		Willard C	HILD	ers	20 DATE OF DEAT		DAY- YEAR 9-80	26. HOUR
3. SEX Male		RACE WY	ite	S. DATE O		6. AGÉ (IN YEARS LAS	or Birthoay)	MONTHS DAYS	
West Virg	inia	b citizen of US	what country? A	8 MARRIE WIDO WE	D T NEVER MARRIED	9 BALTIMORE CI	or count Count		MD.
Columbia		Howard	County	ADDRESS) Jenera	or other institution	120 USUAL OCCU (TYPE OF WORK FOR MI BODY LET	PATION OST OF WORKING I Id <b>er re</b>	12b. KIND C INDUSTRY P. AUC	OF BUSINESS OR
USUAL RESIDENCE ( 130. STATE	IF NURSING HOME OR O 136 COUN HOWA	TY _	GIVE RESIDENCE BEFORE	Cit;	13d INSIDE CITY LIMITS? YES NO 🗗	2525 MC	ss Kenzie	Rd.	icott Cit 21043
14. FATHER'S NAME	м	IDDLE	Childers		is mother's maiden na	ME a MIOO	LE	Davis	ST
160 WAS DECEASED		NED FORCES? WAR OR DATES)	234_12-		Mrs. Edith Ch		- 1000	Kenzie F	
	o immediate stating the couse last.	DUE TO, O  (c)		ENCE OF	SECAPIRE I			2	DAY DAY OAYS
CERTIFICATION AND ACCIDENT W	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES ]	
OR CONTRIBUTING	AS UNDERLYING COME CAUSE OF DEAT		PFINJURY M. MONTH D/ M.	AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 18,	PART 1 OR PART 2)	
	CCURRED  NOT WHILE  AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
sow the dobove ((1)/1 22b. SIGNATUR	not (I) (this hospition of (I) (I) (this hospition of (I) (I) (this hospition of (I)	view the body	- C/ 19		DEGREE  ATTENDING PHYSICIAN		STAFF		
10	ALIO	R.	PARKS		11065 L	1776E P1		REWAY,	COL, Md
236 BURIAL, CREMAT (SPECIFY)  Crema 24 FUNERAL DIRECTO NAME SLACK FU	tion or	23b DATE 7-/2	80 WE		111	23d LOCATION CITY OF TOWN CATONS E REC'D. BY REGIST L Z 1 1980	sville	Balto.	STATE ND

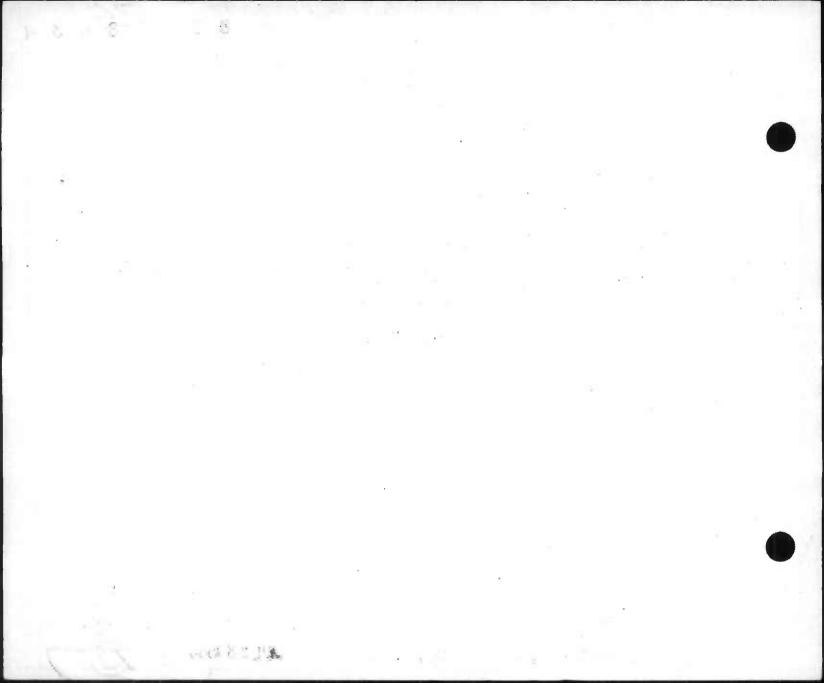


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ofter dec	y the funeroled within 72	natified at ar
hin 24 hours	should be fi	examiner must be natified
executed wit	ind camplete iges 1 and 2	dicol exomi
rtificate be e	physician of physi	event, the me
O MOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dear Page 4 m elained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours of the state Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other troumatic event, the medical examiner must be natified at ance.
quires that	Signed by the please to burial, cre	njury, ar oth
The law re	ite has been nsit permit igiene prior	shaws any i
O HOSPITAL STATENDING PHYSICIAN: The letoined by the hospital or ottending physician.	this certificale burial-trailed	d or Item 18
TTENDING pital or offe	TOR: After for use as that Health an	21 is marked
ITAL AT	RAL DIRECT detached fortate Dept	NT: If Item
O HOSP	should be with the S	IMPORTA

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		1-	FOR STATE REGISTRAR			DEPARTA				0 0	NO.	8 4	4 3 3		
e de			CEASED NAME ORPRINT)	Mabe		MIDDLE (	Connell  July 24, 1980  9 a M  A GE (NYEARS LAST BRITHOAY)  88								
		3 SEX F RACE White						MONTHS DAYS HOURS MIN.							
uneral dir	ouce.				USA	MARRIED WEVER MARRIED			Howard			MD.			
by the fulled with			Columbia		11. NAME OF HOSPITAL, NURSING HOME O		DR OTHER INSTITUTION		(TYPE OF WORK FOR MOS	TION OF WORKING LIF	12b. KIND O INDUSTRY <b>NOT</b>	F BUSINESS OR			
	35	USU, 130 S	AL RESIDENCE (IF NUR	13b COUN HOW	other institution TY ard	GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN COlumbia		YES NO			erger	Road			
the hospital or of translations are suppressed in the definition of the hospital or of translations are suppressed in the hospital or of translations are suppressed by the attending physician and completely filled in by the funeral direction are so the burnal-transit permit. Then please remove corbonapopers. Pages I and 2 should be filled within 72 hours offer death and Mental Hygiene prior to burnal, cremotion, or removal.  If them 21 is marked or them 18 shows any injury, or other traumant event, the medical examiner must be notified at once.	exomine	Henry MDDLE Re			Ren	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			AME 🕚			T.			
		16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO		Con			Rd, Co	lumbia,Md		
s that the death ce ed by the attending blease remaye carb rial, cremation, or r	ar other troumatic	NO	Conditions, if any gave rise to im couse (a), stati underlying couse	VAS CAUSED  IMMEDIATI  In which mediate makes the mediate makes the	DUE TO, O	R AS A CONSEQUE	NCE OF	cardias valle H	QCON HE TERM	Desor		10	yleo		
9 = 0		CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)		Berger Rd, Columbia, M  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  7/2 4/800  ONDITION GIVEN IN PART 1(0)  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES   NO	OF DEATH?			
N S D D T S	0		-	-	21a ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	n .			21c HOW INJURY	OCCURR	RED (ENTER NATURE OF IN	IURY IN ITEM 18, P	'ART I OR PART 2)	
A Por	ō	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (AT HOME, ST		ARM, ETC )			CITY OR T	NWC	COUNTY	STATE		
haspital RECTOR: hed for us ept af He	Tem Z 1 15 ma	/	220.1 certify the local sow the decease obeyed 12 certify the local source of the loca		a	1 -			оріпіоп с	to	dote and hou	or and from the	couses stated		
ed by the	M OKI AN		PHYSICIAN'S N	AME (TYPE OF	MINITI MINITI	11 10	W	PHYSI 220 ADDRESS	ICIAN E	DIRECTOR   PHYS	ICIAN []	1/2	W 2585		
Bb———Bb———	¥	23e E	BURIAL, CREMATION SPECIFY) Burial		23b DATE July			EMETERY OR CREM	ATORY	1224 LOCATION		county Md	STATE		
DHMH-16 20 (VRA 15, 4) 7		24 FU	De haldsor	Fune					250. DATE	3 U 1980		TRAR'S SIGNAT			

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injury, or other troumotic event, th

should be detached for use as the burial-transit permit. Then please remove corbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem ottending physicio

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2.	-			

	REGISTRAR		CERTIFICATE OF DEATH		REG. NO.	. 0 4	0 3
1. DE	CEASED NAME FIRST OR PRINT) WILLIAM	Edward	HAMILTON	\$ 20. DA	7/1/80	DAY YEAR	26. HOUR 6.58 PM
3. SE.	MALE	BLACK	S. DATE OF BIRTH	AR .	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	RTHPLACE (STATE OR FOREIGN 7 OUNTRY)  M.	LSA	Y? 8 MARRIED NEVER MARRIE WIDOWED DIVORCE	DA	HOW AR	NTY OF DEATH	MC
10.0	OLUMBIA	II. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION		SUAL OCCUPATION  FYORK FOR MOST OF WORKIN  RETIRES	G LIFE) INDUSTRY	OF BUSINESS OR
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b, COUNT	TY 13C CITY OF CO			REET ADDRESS 28 ARSV	le AU	namer M
1	IllIAM E	Hamilto	N St Loffie	EŇ NAMĒ	WIOOFE	Lucar	7
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	AED FORCES? 166 SOCIAL SEC WAR OR DATES) 214-23		Jamil.	ADDRESS FON /228	Arzenle	AVE
	PART I. DEATH WAS CAUSED  IMMEDIATE  Canditions, if ony, which gove rise to immediate cause ioi, stating the underlying cause last	DUE TO, OR AS A CONSEQ	- CC Sur I	, Acus rilute	te on cha Electolyte	enie	
NOI		ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO TH		SEASE OR CONDITION		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a YES	IN CEI	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH? NO [
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (EN	ITER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC			CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospito saw the deceosed alive on abave, (1) (we) (did) (did not	7-1-19	and that in (my) (aur) o		ccurred on the date and	haur and fram the	
	226. SIGNATURE	harmon	DEGREE ATTEND	ING MED	ICAL STAFF	22c. DATI	E SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT) VAKARUNI	220. ADDRESS [1]	125- 1	the pa	104 y	PLANY
23a. E	BURIAL, CREMATION, REMOVAL	23b DATE 23	. NAME OF CEMETERY OR CREMA	TORY 23d.	LOCATION		

BP -DHMH - 16 50M 1/76 (VR A 15 (4) )

OR ATTENDING PHYSICIAN

retained by the hospital

230. BURIAL, CREMATION, REMOVAL
(SPECIAL PLANTS)
24. FUNERAL DIRECTOR
NAME

250 DATE REC'D.

COUNTY

Prairie Sar Marcalla 10 areas alle a care ~ Remark 1889 1.100

STATE OF MARYLAND

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## requires that the death certificate be executed within 24 hours of TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the bural-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 haw the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1,	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HG	OUR 35
	Bla	nche	Hawkins	7 10 80 3	AM
3. 51	X /	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNIT MONTHS DAYS HOUR	DER 24 HRS
	F /	Can cosian	11 4 04	76 yrs.	
7a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
10 (	CITY OR TOWN OF DEATH	U.S. A.	WIDOWED DIVORCED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSI	MD
10.	1 . 1	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF, WORK FOR MOST OF WORKING LIFE) INDUSTRY	114E33 OK
LIST	- DIUMBLA	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		Housewite Home	
130.	STATE 136 CQUI	NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
14 6	ATHER'S NAME	ward 34 Kesu	15. MOTHER'S MAIDEN NA	733 Central Ave.	
	P FIRST	MIDDLE RAST	FIRST	MIDDLE 1) 1 LAST	
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	
		E WAR OR DATES)	700 0/2 /	1031 1.1. 1.1.	md
H	Tu cutt or of the	412-14	- 1-181 Cap sechunda	APPROXIMATE M BETWEEN ONSET A	TERVAL
	PART I. DEATH WAS CAUSE	VIV D SHALL AND	Tollar Carne a	na of the Stomach.	ND DEATH
П	1519 IMMEDIA	TE CAUSE (a)	and and	Total Indiana	
15	Condition of the	DUE TO, OR AS A CONSEQUE	ENCE OF	0	
	Canditians, if any, which gove rise to immediate	(b)			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Z	NA	6			
CERTIFICATION	140 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS U	
E	- Hall 197	7. Corcenter	ia of the Stonach		
S. L.	The ACCIDENT WAS LIGHTLY THAT I	HOUR A.M. MONTH	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
14	ON CONTRIBUTION ( ) LAUSE OF DE	/ / / / /	19 10/14		
MEDICAL	THE INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE A	211. LOCATION STREET	CITY OR TOWN COUNTY	STATE
2	WHILE AT WORK	10 /1	010 0	0 -1 - 81	
		ital) ottended the deceased from (	19 19		(we) last
	saw the deceased alive or abave, (1) (we) (did) (did no	at) view the bady after death.	, and that in (my) (aur) opinian	death occurred an the date and hour and from the causes	
	226. SIGNATURE	20-00	DEGREE ATTENDING	MEDICAL STAFF 22c. DATE SIGNE	aD .
	William	TOOLUNG 3	PHYSICIAN	DIRECTOR   PHYSICIAN   10/8	70.
	22d. PHYSICIAN'S NAME (TYPE C	1 10 10	220. ADDRESS 11085 Lit	40 Park LD Land	
L	William F	lowers MD		Te resuxent fackway	
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	SIATE
_	Burne	1-12-80 1	principle Contry	Johnson Court To	na.
24.	FUNERAL DIRECTOR	AL / ADDRESSY	16-m1 130	E RECEI EN SISTEMA TRAR 256. RECESTIFAT & SESTEMATION	-
	Harry W. Hall	ant sylusville	ma.		

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dividing plant in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hinds if the detached for use as the burial Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND FOR - STATE 8 DEPARTMENT OF HEALTH AND MENTAL HYGIEN 4 CERTIFICATE OF DEATH

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- 1		REGISTRAK			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST		WIDDLE	i	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
N	(TYPE	Joseph	ine K.		Hun	ley	July 31,	1980		555 P
М	3. SE		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Female	White			2, 1902	78	YRS	ONTHS DAYS	HOURS MIN
1		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
5		ennsylvania	US	Α	WIDOWE		Howard	County	y	N
6		ITY OR TOWN OF DEATH  Columbia	Lorie	n Nursing	Home	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWIT		126 KIND O INDUSTRY	F BUSINESS OF
5	13a. S	AL RESIDENCE (IF NURSING HOND STATE laryland Bal	MIY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN WOODLAWN	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 2517 Pic	kwick (	Road	
0	14. FA	ATHER'S NAME FIRST  Alvin Kr	middle eider	Kette	ring	15 MOTHER'S MAIDEN NA. Barbara	ME MIDDLE		Yir	igst
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES]	16b 29 9AL 25 UL XXXXXXXX			oformant Columbia, McDDRESS 210 ancy A. Hunley, 11227 B Sno			Csurt
f		18 CAUSE OF DEATH (Enter of	inly one couse per	line for (o), (b), and					APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10)  L. MANAGEMENT  L								2 vee	ers.
1		Due to, or as a consequence of								
4		Conditions if you which	1	R AS A CONSEQUE	NCE OF					
-1		Conditions, if any, which gove rise to immediate								
-	couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF									
1	underlying couse lost (c)									
	_ 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								
	CERTIFICATION	NA								
	CA	190. DATE OF OPERATION	196. COND	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED 200 AUT			AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
4	THE	, , ,	1 25.0				YES NO	YES		NO [
П	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2)	
		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA	Y YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE		19	231 LOCATION				
١	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	RM, ETC.]	STREET	CITY OR TO	WN	COUNTY	STATE
ı		AT WORK			1	0	115/10	2	80	
I		22a I certify that (I) (this has	- 1 7 5L	e deceased from	2	. 19_00		00		that (I) (we) la
I		sow the deceosed olive o obove, (1) (we) (did) (did n	ot) view the body	ofter death.	0 COn	d that in (my) (our) opinion i	deoth occurred on the d	ote and hour	and from the	couses stated
1		22b. SIGNATURE	7	. 0.	0.4	DEGREE			IL PATE	SIGNED
1		William	+t De	U T.T V	NY	ATTENDING	DIRECTOR PHYSIC	FF CIANIT	12/11	180
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	- 04		22e. ADDRESS	DIKECTOK [ ] PHISK	- IMIY [_]	1	0 0
		Dr. William	Flowers	3		11085 Little	Pat. Park	way		1
	230. B	BURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	,,	Creamtion	8/1/	BU We	estvi	ew Crematory	Catonsvi	lle, B	alto, 1	Md.
	24 FL	INERAL DIRECTOR 1630	Edmondso			sville, Md 250 DATE				
1	Wi	itzke Funeral H	lome of (	Catonsvill	Le. M	d. 21228 AUG		hore	7	/
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HUBBARD FUNERAL HOME

DEPARTMENT OF HEALTH AND MENTAL HYGIEN 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY VEAD 26 HOUR TYPE OR PRINTI STELLA R. **JOHNS** 23 80 3 SEX 4. RACE IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 17 FEMALE WHITE 12 26 62 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY MARYLAND U.S.A. HOWARD COUNTY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET DIETIN SCHOOL 6189 OLD WASHINGTON BLVD ELKRIDGE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 6189 OLD WASHINGTON BLVD. MARYLAND HOWARD ELKRIDGE NOX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MARY ROSCOE ANN GRASTA MICHAEL ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 6189 OLD WASHINGTON BLVD. 215-01-0839 CHESTER W. JOHNS NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DE ATH WAS CAUSED BY 2 2000 IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which 40ENOCARCINOMA gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 191 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY7 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INILIRY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION morked or 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from 7/18 sow the deceased alive on. (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death Hem 226 SIGNATURE DEGREE 22c. DATE SIGNED ALIENDING STAFF MEDICAL = PHYSICIAN DIRECTOR PHYSICIAN I MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WILLIAM WATERFIELD ST. AGNES HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) CITY OR YOWR COUNTY BURIAL ST. AUGUSTINES ELKRIDGE HOWARD MD. 7/26/80 24. FUNERAL DIRECTOR

4107 WEEKENS AVE.

MD.

BALTIMORE

STATE OF MARYLAND

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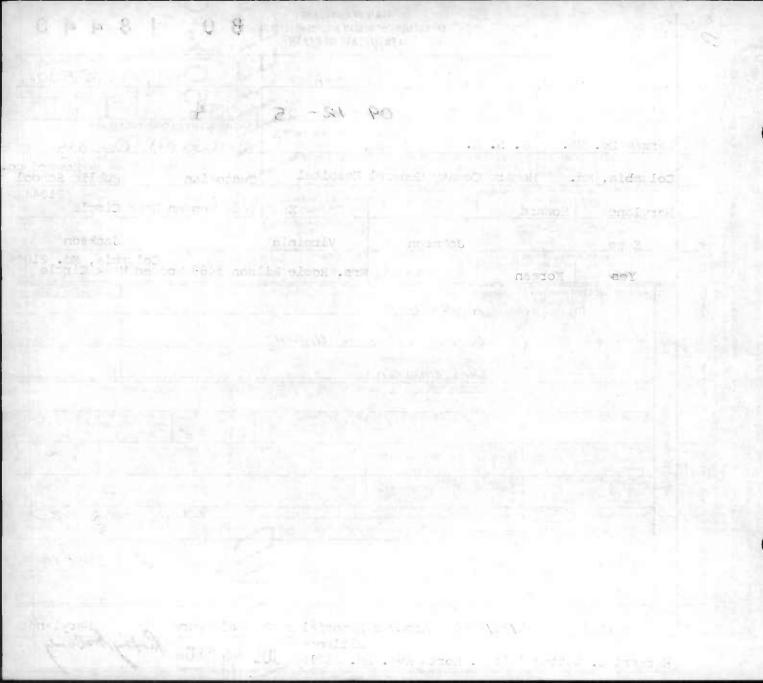
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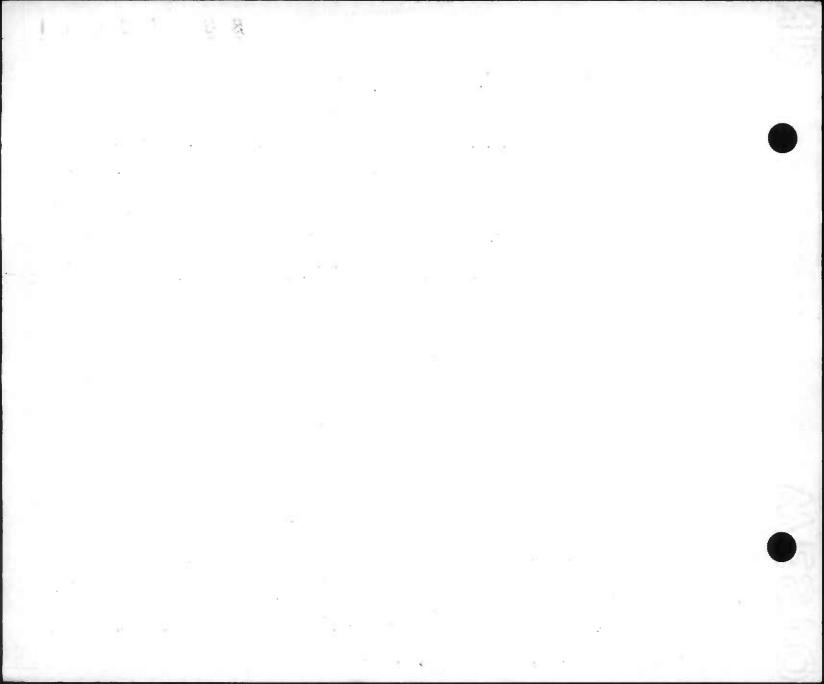
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

,	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND FICATE OF DEATH	YGIENE 8	O REG. NO	1	8 4	4
		OR PRINT)	FIRST	M	IDDLE .	1	LAST	2a. DATE C			DAY YEAR	2b. HOU
			pert		arl.	do	hnson	4 .05	J	ula	9,1980	15 : 30
	3. SE)	nale	1	Nea	-0	5. DATE C		O. AGE (IN	YEARS LAST BIRTH	DAYI	MONTHS DAYS	HOURS
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2	C	RTHPLACE (STATE OR FO		L CITIZEN OF V		MARRIE	D NEVER MARRIED	11	ORE CITY OF		OFDEATH	
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Nothing 1		lumbia, Md		(IF NOT IN SUCH	FACILITY, GIVE STRE	ET ADDRESS)	Hospital	(TYPE OF WO	ek for most of odian			Howai
0	USU/ 13a. S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13e. STREE	ADDRESS			210
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uiue au	14. FA	ATHER'S NAME	AA	IDDLE	LAST		15. MOTHER'S MAIDEN N	IAME	MIDDLE		5 1A	ST
330		Eppe			Johnso	on	Virginia	1			Jacks	son
nedicor		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	223-11		17 INFORMANT Mrs. Rosie W	ilson	ADDRES	COT	umbia, Hawk C	Md.
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ny injury, or other froumo	ATION		nedicte ng the lost.	DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUENCE CONSEQUENCE CONS	PULING CL'ADM O DE ATH BUT	NOT RELATED TO THE TE	RMINAL DISEA			43.4	
ows ony injury, or other froumo	TIFICATION	gove rise to imm couse 101, statin underlying couse	nedicte ng the lost.	DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUENCE CONSEQUENCE CONS	PULING CL'ADM O DE ATH BUT	4			20b. IF YES	ZEN IN PART 1	NGS USED
tem 18 shows ony injury, or other froumo	CAL CERTIFICATION	gove rise to immocouse 101, stating underlying couse  PART 2. OTHER SIGN	TION  DERLYING CAUSE OF DEAT	DUE TO, OR  (c) Z  ONDITIONS CO  196 CONDIT	AS A CONSEQUES COMMENTER BUTING TO	PULING CL'ADM O DE ATH BUT	NOT RELATED TO THE TEL	RMINAL DISEA	OPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES	NGS USEE S OF DEAT
rked or flem 18 shows ony injury, or other froumo	MEDICAL CERTIFICATION	gove rise to immore couse 10), stating underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING	mediote g the lost.  NIFICANT CI  TION  DERLYING  CAUSE OF DEAT AL EXAMINER]  RED  HILE  HILE	DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A.  21e. PLACE C	AS A CONSEQUES COMMENTER BUTING TO	DUENCE OF CIADAM DEATH BUT CH OPERATIO DAY YEAR 19	NOT RELATED TO THE TEI	RMINAL DISEA	OPSY?	20b. IF YES IN CERTIF YES	S, WERE FINDI FYING CAUSES	NGS USEE S OF DEAT NO
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If Item 21 is morked or Item 1	CAL	gove rise to imm couse 10), storin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA:  21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d, IN JURY OCCUR! AT WORK NAT WORK 22a.1 certify that (1)	TION  DERLYING CAUSE OF DEAT AL EXAMINER RED  This hospite ed olive on did (did not	DUE TO, OR  (c) 20  ONDITIONS CO  19b CONDIT  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME, STRI	AS A CONSEQUES COMMITTED TO THE PORT OF THE PART OF TH	DUENCE OF CIADMO DEATH BUT CH OPERATIO  DAY YEAR 19 E, FARM, ETC.]	NOT RELATED TO THE TEI ON WAS PERFORMED  21c. HOW INJURY OCCU 21t. LOCATION STREET	Z00 AU  YES   JRRED (ENTER H  on deoth accur	OPSY?  NO E  INTURE OF INJURY  CITY OR TOWN  7/9  red on the do	20b. IF YES IN CERTIF YE IN ITEM 18, F	COUNTY	NGS USEE S OF DEAT NO
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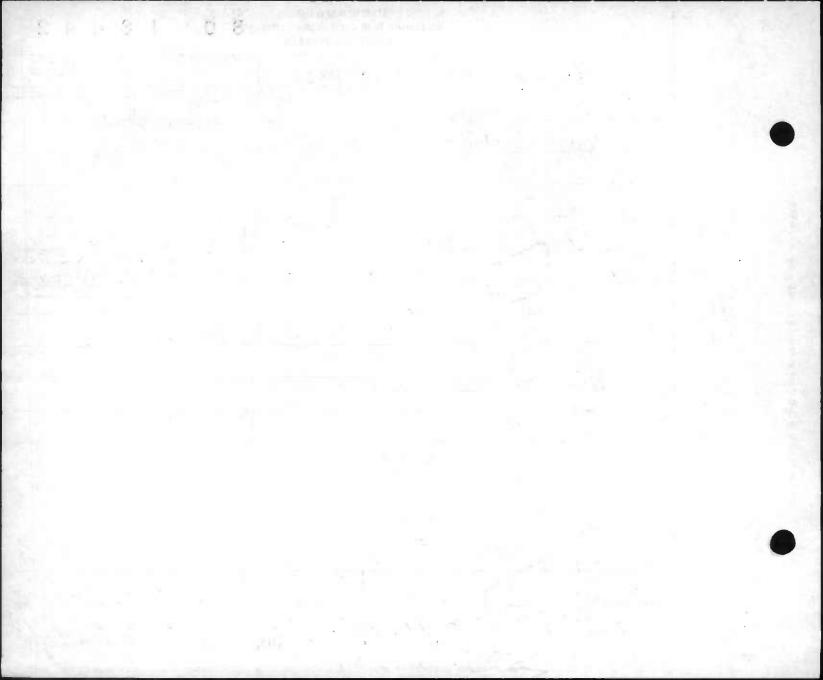
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-	TO HOSPITAL CAPATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours of the
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completely 1 and 2 st		THER'S NAME FIRST	Mathews 145	57	Adeline	ME ;	0	Rollins	
ician and co		VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL (EWAR OR DATES)	SECURITY NO	Thom. S. Jones	4817 F	ss lollingt	op Road	nd 210
signed by the attending p Then please remove carbon to burial, cremation, ar rem njury, ar other traumatic ev	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF		TECHENIA	DITION GIVEN IN	V PART 1(0)	
has been permit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS U CAUSES OF D	SED EATH?
or attending physicial care as the buriot-transition and Mental Hyginacked or them 18 sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK	ATH HOUR A.M. MONT	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR		DR PART 2)	STATE
the hospital L DIRECTOR: stacked for us to Dept of Hem 21 is in		226 I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 226 SIGNATURE	T7-11	198	19 O opinion of the transfer o	MEDICAL STAF	F		
TO FUNERA should be de with the Stot		BARBU C	ALIN		34595T.	John of	lia	FREGE	03764
BP	(1	urial, cremation, removal precipy cremation	7/14/80		emetery or crematory W Mem. Park	23d LOCATION CITY OR TOWN Catonsvil	Le, Balto	Marvl	state and
DHMH-16 20M {VRA 15, 4) 7/78		NERAL DIRECTOR NAME ACK Funeral Hom	ne,Ellicott Ci	ty, Md. 2	1043 JUPATE	TESD 1989 ISTRAR	M. REGISTRAR'S	SIGNATURE	



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR STATE REGISTRAR	DEPARTMENT OF I	TE OF MARYLAND ; HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	18442
	(TYPE	CEASED NAME FIRST ELIZABE		HHRWS		7 10 1980 9. 39
1	3 SE	Famale	Slock 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 4F MONTHS DAYS HOURS MIN
\$35		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	BALTIMORE CITY OF	
18 marked	10. C	olumbia	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
grant be	USU 130. S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		13e STREET ADDRESS	32
Scomine 30	14. F/	THER'S NAME FIRST JOHN	AIDDLE W. MYERS SR.	15 MOTHER'S MAIDEN NAM	Abeth	SmitHAST
the medical		VAS DECEASED EVER IN U.S., AR, (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 213-22-1634	RICHARO A	1YERS JR	Simpsonuile N
njury, ar ather traumatic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  ONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONE	
shows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
or Ifem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The same of the sa	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
rked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
them 21 is ma		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	Lyiew the bady after death.	, 19, 19 and that in (my) (aur) apinian of DEGREE	ta death accurred an the da	, 19, that (I) (we) I te and hour and from the causes stated 22c. DATE SIGNED
IMPORTANT: IF		224- PHYSICIAN'S MAMS (TYPE OF	PRINT) -/ Jeau-Jacques	ATTENDING PHYSICIAN D	MEDICAL STAF	
<u> </u>	23o. E	SPECIFYI DUR A		CEMETERY OR CREMATORY	23d. LOCATION City or Town	KIUILE HOLDANT
3	24 Pt	NERAL DIRECTOR O	2 totals N. W	ASH . ST 250.00	FREATORY PORT AR	256 RECUSTRAR'S SIGNATURE



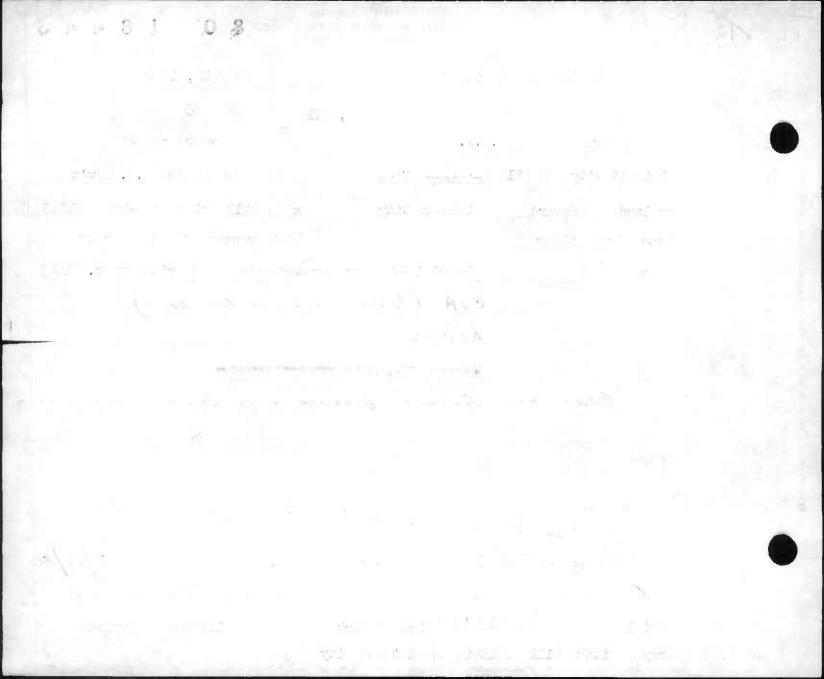
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL 37 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, it and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after demovant the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mesked examiner must be not find at once.

BP\_

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	O REG.	1	8	4	4	3
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- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	1 0 4	
DECEASED NAME FIRST     TYPE OR PRINT[		MIDDLE	i	AST	2ª DATE OF DEATH MONT	H DAY YEAR	2b HOUR
	Joseph !	Miller			July 12, 19	80	۸
3. SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Male	White		NO		/6M/ 63	YRS. MONTHS DAYS	HOURS MIN.
Te. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY OR CO		
Baltimore	TT.	S.A.		D NEVER MARRIED	Howard C	ounty	
10 CITY OR TOWN OF DEATH		-,,-,	WIDOWE	D DNORCED DO OTHER INSTITUTION	120 USUAL OCCUPATION	-	OF BUSINESS OR
Ellicott City	JIF NOT IN SU	CH FACILITY, GIVE STREET		SK OTTEK INSTITUTION	CITYPE OF WORK FOR MOST OF WOR	KING LIFET INDUSTRY	1
USUAL RESIDENCE (IF NURSING HOME 130 STATE 1136 COI		GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
Maryland How		Ellicott		YES NO TO	4213 Brittan	v Drive	21043
4 FATHER'S NAME			0 1 0,1	15 MOTHER'S MAIDEN NA	ME	43	
late Fred Mill	MIDDLE	LAST		Tate	Frances Evely	n Berge	AST P T°
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	DITY NO	17 INFORMANT	ADDRESS	n berge	
	IVE WAR OR DATES			Mrs Dorothy	- 70	ittany Dr.	27.01.2
NO		215 03 1	257	Mrs porotny	pain 4405 pri		
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one cause pe	r line for (a), (b), and	dR		an Acciden	BETWEEN	XIMATE INTERVAL
gave rise to immediate couse (a), stating the underlying cause last	( (c)_		EUL		THAT A	INI CIVEN IN PART 1	10
		ARTEN	E Y		1055. VENTA	1	ItyTHU.
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210. ACCIDENT WAS UNDERLYING			WE LE	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2]	
OR CONTRIBUTION CALLES OF	EAIH	.M. MONTH DA	AY YEAR				
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WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.]	STREET	CITY OR TOWN	COUNTY	STATE
AT WORK			10		1.0	7 86	
220.1 certify that (1) this has	pital) attended th	deceased fram_	1 pul	19 80	10		, that (I) (we) la
obo (1) and did de	the vigorithe body		90 .	nd that in (my) (aur) opinian i	death accurred on the date or	nd haur and from th	e causes stated
22b. SJGNATURE	200	7)		DEGREE			E SIGNED,
Kand	X-K	0000	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7	113/80
224 PHYSICIAN'S NAME LITTE	OR PRINT)	-	-	27. ADDRESS 345-9		, 1	1
Pandy L	· Rec	com.	1			Lane	/ >
- Navoj ~			0.	1=1110077	1234 LOCATION	2104	_5
230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	July 1	F 100		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	oury 1	DO I	oudon	Park	Baltimore	Marylar	
4 FUNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNA	TURE
Harry H Witzke L	112 Colu	mbia Rd E	illico	tt City   111	11 77 4000	0. 1	- 1



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TO HOSPITAL OR ATTENDING PHYSICIAN: The
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medicabexaminer frust be notified at pace.

retained by the hospital or attending physician.

(VR A 15 (4) ) 9/74

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 8 4 4

CERTIFICATE OF DEATH

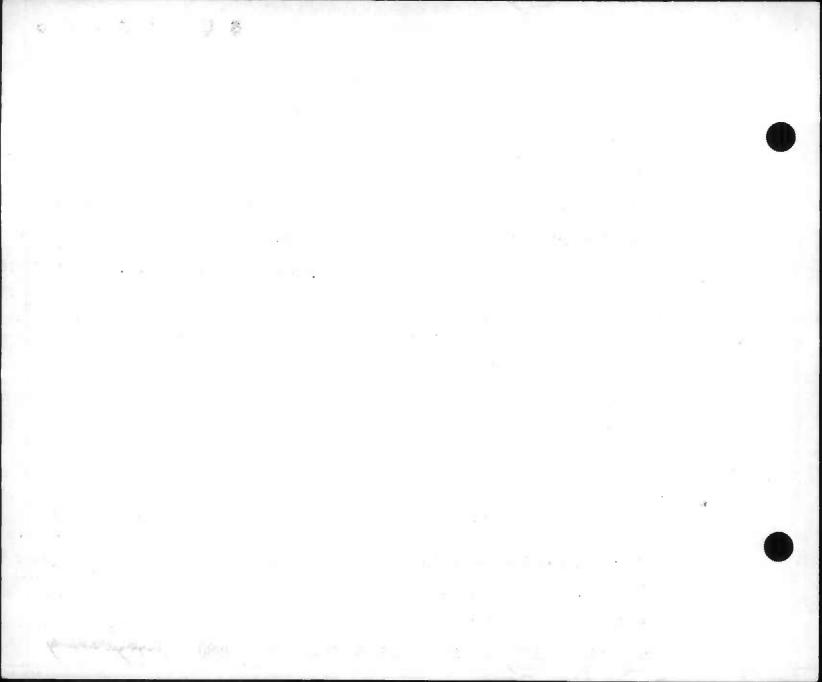
1.	STATE REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. N	0.	0 7	-	7
	EASED NAME	FIRST		MIDDLE	ŧ	AST	1			DAY YEAR	26. HC	DUR
(IIIrec	, , , , , , , , , , , , , , , , , , , ,	vrenc	e	Coster	M	osner			7-30-	-80	3	AM
3. SEX			4 RACE		5. DATE C		(EAR	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEA		ER 24 HRS
Ma	le		White		11	- 29-19		79	YRS	WONTHS DATS	HOURS	Mus.
	THPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D M NEVER MARR	IED 🗍 9	BALTIMORE CITY O	R COUNTY	OF DEATH		
	ryland		U.S	.A.	WIDOWE		ED 🗆	Howard C	ounty	7	20,19	MD.
	icott C		(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET TOP	ADDRESS)	OR OTHER INSTITUT		TO USUAL OCCUPATION OF WORK FOR MOST OF Plant Ma	WORKING LIF	176. KIND INDUSTR		VESS OR
13a. ST	L RESIDENCE (IF NURS	Howa	VTY	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LI	_	3e STREET ADDRESS 3902 Vie	w Top	Road	i	
-	THER'S NAME FIRST OTGE	Wasl	midDLE lingtor	Mosner		15. MOTHER'S MA FIRST  unk		E MIDDLE		Gal	ster	,
	AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES? E WAR OR DATES)	216-03-		17 INFORMANT Margare	et J.	Mosner		View	Top	Rd.
NOL	Conditions, if ony gove rise to imicause (a), statitude underlying cause	, which mediate ng the last	DUE TO, O		ENCE OF			JAL DISEASE OR CON	20b. IF YES	EN IN PART	INGS US	
	710. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DE	ATH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRE	YES NO O		S CART 1 OR PART 2	NO	
MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE	210. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	VN	COUNTY		STATE
	270. I certify that (1) sow the deceos oboves (1) twe) (1) 111. Strain URE 27d. PHYSICIAN'S N	ed alive en did (did no	or PRINT)	Des 28 19 1		DE GREE ATTEN	opinion de	TO THE DICAL STAL DIRECTOR PHYSIC	F _		C.	
230. BU	URIAL, CREMATION,	REMOVAL		23t. 1		emetery or crem	ATORY	23d LOCATION CITYORTOWN Baltimo	re Ba	county		STATE
	NERAL DIRECTOR NAME SSAHN F	UNER	AL HOM	E 7401 E	Belai	r Rd.	AUG		25b. REGIST	RAR'S SIGN	ATURE .	

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5	X	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O	18446
The rise	ė	I DE	CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH W	AONTH DAY YEAR 26, HOUR
BA B	0		EDNA	MAE	HURPHY		7-26-80 3:30PM
	j 0	3. SE	× =	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Pog	E C	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	11-97-72	5 4 , 9 BALTIMORE CITY OR	COUNTY OF DEATH
	The state of	N	ew York	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	]	HOWARD MD.
the the	notified o	10. C	COLUMBIA	I IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF	WORKING (IFE) INDUSTRY
ours o		USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	1 / Cicer	RIACI
filled	pino 15	130	HO HO	WARD COLUM		130. STREET ADDRESS	LVIEW DRIVE
completely	mine.	14. F.	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN N	AME	tasi
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xecu nd c	Poges		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)		ADDRES	
			NO	049 18	2838 John R. Muro	hy 6428 Allv	riew Dr. Columbia 210
ificote b	onpopers emovol event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (o), (b), on		_	BETWEEN ONSET AND DEATH
ertifi ng pl				E CAUSE 10) LIVER	FAILURE		I MONTH
± ₽	n, or r		1147	DUE TO, OR AS A CONSEQUE	ENCE OF	- 4 - 10 - 10 0	SINCE
de de	emation, ter froum		Conditions, if ony, which gove rise to immediate	(b) METAST	AIR BREASI	CANCER	1979
thot the	9 U +		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
8 97	buriot,	l_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
requir an sign	를 후 를	ŏ	NONE				
o - c 0	Mental Hygiene prior trem 18 shows any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: TI ng physicia certificate	Hygie 18 sho	W W	71a. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
ICIA 9 ph	entol-tr	1	OR CONTRIBUTING CAUSE OF DEA	un -	AY YEAR	-	
PHY endir		MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
DING or att	se os the solth ond morked			tal) attended the deceased from _	27 JUNE 10 8	O to PRESE	NT 19 tho (1) (we) last
CA ATTEN The hospital	of He 21 is			t) view the body after death.	80, and that in (my) (our) opinion	n death occurred on the dat	te and hour and from the causes stated
hospit	Dept M Hem		226. SIGNATURE	T view the oddy driet death.	DEGREE	/	22c. DATE SIGNED
Al P	State Dept ANT: If Item	Ш	Holores m	. Teunsel MI	ATTENDING PHYSICIAN	MEDICAL STAFF	AND 26 mly 1980
HOSPIT	TAN	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22. ADDRESS COL	UMBIA PRO	DEESSIONAL BLOG
O HOS	should be deto with the State [ IMPORTANT: #		DOLORES	M. PURNELL	MASTIOL	COLUMBI	A. 40 21044
5 § 5	5 3 ≧	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP			Burial	July 29'80	Crestlawn	5 57. 757.75	Howard, Maryland
	-16 20M 5, 4) 7/7B		JNERAL DIRECTOR arry H Witzke L	112 Columbia Rd	Ellicott ty JU	TE REC'D, BY REGISTRAR 2	Sh. RECOUTRAR'S SICHATURE
		-					



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DEG NO. 18 4 4											
		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMIN	NER'S CERTI	FICATE OF DE		. NO.	DAY YEAR	1		
		Raymons	& Ruthford	Rol	berts	20. DATE KNOWN OF ESTI- DEATH MATED	7 01	261950	2b. HOUR		
	N SEX	late Cauc		EARS IF UNDER 1 'DAY' MONTHS DAY		PRONOUNCED DEAD	1 MONTH	DAY YEAR	1230 1230 M		
A	FOI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED [] WIDOWED	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH			
5	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INST	ITUTION 12a. US	SUAL OCCUPATION R MOST OF WORKING LIFE LIGGET Anal		OR INDUSTR	V		
-		Columbia	9429 Diamondback R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		Bu	loget Anal	yst now	ard cou	nuy		
5	13a. S1		d Columbia		DE CITY LIMITS? 13e. ST	REET ADDRESS 29 Diamond	back Ro	ad			
6		ATHER'S NAME Ate Ruthford Rob	MIDDLE LAST	15. MC	THER'S MAIDEN NAM	MIDDLE	ely	LAST			
1	16a W	VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166. SOCIAL SECURIT		ORMANT	ADDR					
1	(11	Van	W 11 213 14 46	24 Mr	s Ruth Elle	en McAdams	1005 H	artmont	Ave		
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9).									
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	ration was per	FORMED?		9	20. AUTOPSY?	NO 🌌		
3	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA DEATH P.M. 19		URY OCCURRED (ENTER	R NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2)			
	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	1	CITY OR TOWN	COUN	TY	STATE		
2		220. I certify that I taak charge death resulted from: Natura ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME	e af the remains described abave, held an al causes , Accident , So		E (SPECIFY)	Inquiry X, etermined manner	and in my apin  DATE SIGNED	7-26-5	80_		
		(TYPE OR PRINT)	3b. DATE 23c. NAME OF CE	ADDRE	ATORY 23d. L	LOCATION TY OR TOWN	COUNTY	3	ATE		
		UNERAL DIRECTOR	uly 29, 1980 New C	Athedral cott City	250. DATE REC'D. E	altimore, BY REGISTRAR 256. R	Mary Lan REGISTRAR'S SIG	CO.  Shature  Charles			

BP **DHMH - 17** (VR A15 ME (5)) 15M 7/77

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	1 -	STATE REGISTRAR					CATE OF DEATH	REG.	NO.		
WA21		CEASED NAME OR PRINT)	Mare	B	DOLE	Si	eal	July		1980	26 HOUR
ge Error ector, por rs after d	3 SE)	F		RACE Cavc	astan	5. DATE O	BIRTH DAY YEAR 1916	6. AGE (IN YEARS) LAST E		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
Meoth. Poge inn 72 hours of once.		RTHPLACE (STATE DUNTRY)	OR FOREIGN 76	CITIZEN OF W	THAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED   DIVORCED	9. BALTIMORE CITY HOWAH	OR COUNTY	OF DEATH	MD.
rs after deo by the fune filed within	10 CI	ods tock	Md 1		OSPITAL, NURSIN		ROTHER INSTITUTION	(TYPE OF WORK FOR MOS		126. KIND OF	BUSINESS OR
24 hour filled in the ould be f	130. S	AL RESIDENCE (IF	13b. COUNTY		ONE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO P	13e. STREET ADDRES	Word	Stock	Rd.
npletely ond 2 showning	14. FA	THER'S NAME FIRST	+ MIC	DDLE	BRUD	nt	15 MOTHER'S MAIDEN NA	ME . MIDDLE		LAST	Vesu
ond cor		AS DECE ASED E		ED FORCES?	219-80	RITY NO 7/77	Dorothy Jes	Tas 119	RESS	St 7. 1.	ton Md
he death certificate be to ottending physician move carbon papers, manton, or removal.		18 CAUSE OF DI PART I. DEAT Conditions, if gove rise to couse (0), st	IMMEDIATE  ony, which immediate	BY: CAUSE (o)  DUE TO, OR (b)	Metast AS A CONSEQUE	ENCE OF	Carcino	ra of L	ung	APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
quires that the state of signed by the please re the buriol, are nijury, or other	7	underlying co	ouse lost.	(c)	AS A CONSEQUE		NOT RELATED TO THE TER/	AINAL DISEASE OR CO	NDITION GIVI	EN IN PART 1/a	1
no. hos been permit. In permit.	CERTIFICATION	19a DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIF	WERE FINDIN	
phys phys phys raffico litror ral Hy m 18		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	21b. TIME OF HOUR A.M	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	ART 1 OR PART 2)	
DING PHYSIC or attending After this cere as the buric alth ond Menimarked or the	MEDICAL	21d. INJURY OCC	T WHILE T	21e. PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
TTEN Pitol TOR: for us of He	X	sow the dec	t (I) (this hospito eosed plive on c) (did not)	Jul	deceosed from	30 , on	d that in (my) (my) opinion	deoth occurred on the	date and hour		hot (I) (we) lost couses stated
the the chock of the controck of the control of	X	22b. SIGNATURE		La.	Pen-	e		MEDICAL ST	AFF SICIAN []	22c. DATE 5	10/80
HOSPI nined b FUNE sold be th the Si		Mar	Shall	A. L	evin	2_	711 W. 4	oth St.	Bal	t. wor	a, MI
BP	(	BURIAL, CREMATION BURI	AL	236 DATE 7/12	180 51	EAL'S	METERY OR CREMATORY		MM	COUNTY	STATE .
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	INERAL DIRECTO	Hais	ht	Suppress.	y.	Md. 250. DA	1 6 1980	AR 25b. REGISTI	RAP'S SIGNATI	JRE

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	-	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND  EALTH AND MENTAL HYG  ICATE OF DEATH		184	4
	DEC	EASED NAME FIRST MAT	RY CUFF	SMITH '	AST	20. DATE OF DEATH Y		2b. HO
		MAR	Y . C		Smith		7 14 80	1.
	SEX FE	EMALE F	RACE	5 DATE TO	EURIH 14,1890	6. AGE (IN YEARS LAST BIRT	HOAY)  IF UNDER 1 YEAR MONTHS DAYS  YRS	HOURS
25		THPLACE (STATE OR FOREIGN 7	LISA	MARRIEI WIDOWE	DI NEVER MARRIED	11	R COUNTY OF DEATH	
700	CIT	YORTOWN OF DEATH	1. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME O		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		Post
US	-	RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEF	FORE AGMISSION)			mas cel es de	-
35		LARYLAND Howa		sville	13d, INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS	Forest Dr.	
14.	_	HER'S NAME			15. MOTHER'S MAIDEN NAM	ME !	4	
3/		William -	- Cuff		Elizabeth	MIGGLE	Hewitt	T
		AS DECEASED EVER IN U.S. ARM		CURITY NO.	17 INFORMANT		SSBaden St.	200
		S, NO OR UNKNOWN) (IF YES, GIVE V	220-34-	-4774 A	Eugenia S. F		ver Spring, M	1d 209
No.		gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO		NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN IN PART HO	3,
		cause (a), stating the underlying cause last	(c)	O DEATH BUT		200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USI
Septimor Allow	CERTIFICATION	cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT		200 AUTOPSY? YEŞ □ NO.	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	GS USI
	MEDICAL CERTIFICATION	Cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	196 CONDITION FOR WHICH	O DEATH BUT  CH OPERATION  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY? YEŞ □ NO.	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2)	OF DEA
SERTIFICATION	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  WHILE NOT WHILE ON THE CONTRIBUTION OF COURRED  WHILE NOT WHILE ON THE ORDER  WHILE NOT WHILE ON THE ORDER  WHILE NOT WHILE ON THE ORDER  WHILE NOT WHILE ORDER  WHILE NOT WHILE ORDER  WHILE NOT WHILE ORDER  WHILE NOT WHILE ORDER  OF THE ORDER  WHILE NOT WHILE ORDER  WHILE NOT WHILE ORDER  OF THE ORDE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURS	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUS  CITY OR TOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES  YES  TYPE  TYPE TO THE TENT OF PART 2) YES COUNTY TO THE TENT OF THE TENT O	NGS USE OF DEA NO
HI THEFT 2 IS MIGHTED OF STUDY, GIVEN ON THE STUDY, GIVEN OF THE S	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  SOW the deceased alive an above, (1) then (did) (and not become)  220. SCHATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  View the body offer feath.	O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	216. HOW INJURY OCCURE  216 LOCATION STREET  19 195  and that in (my) (aug) opinion of the company of the compa	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUS  CITY OR TOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES  YES  YES  YES  YES  YES  YES  Y	NGS USE OF DEA NO [
HI THEFT 2 IS MIGHTED OF STUDY, GIVEN ON THE STUDY, GIVEN OF THE S	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 Certify Ind (1) (this hospital saw the deceased olive an obove. (1) (and land from obove. (1) (and lan	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  View the body offer feath.	O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM, ETC.)	216 LOCATION STREET  216 HOW INJURY OCCURS 216 LOCATION STREET  19 19 19 19 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUST  CITY OR TOW  death accurred an the do	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES  YES  YES  YES  YES  YES  YES  Y	NGS USE OF DEA NO
MEDICAL AND IT THE TALLS THE THE TO SHOWS CUTY, CO.	WEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSS OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  SOW the deceased alive an above, (1) then (did) (and not become)  220. SCHATURE	21b. TIME OF INJURY H HOUR A.M. MONTH P.M. 21b PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE wiew the body offer feath.	DAY YEAR 19 CE, FARM, ETC.)  CR. A. 9 CR. NAME OF C	216. HOW INJURY OCCURE  216 LOCATION STREET  19 193  and that in (my) Low opinion opin	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUR  CITY OR TOW  CITY OR TOW  A TO DIRECTOR PHYSIC  23d. LOCATION  BTINK OW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES  RY IN ITEM 18, PART 1 OR PART 2)  VIN COUNTY  21c. DATE: FF	that (I)

By the 18th Seed tree Or Senson up the process or an inter-Bally 175, Years Lean . The state of the Property - Contract Property Contract C the President of Translated December 12 to the state of t The same of a court of the same Charles of the Toler of the second 4

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical exam

notified at once.

4 may be

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

- STATE REGISTRAR	200	CERTIFICATE OF DEATH	REG. NO.				
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
LLOYD	GASKIN	TAYLOR	July	25 1980 M			
3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN			
M	WHITE	May 16 1897	83 YF				
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
Canada	USA	WIDOWED DIVORCED		nt.v MD			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR			
Ellicott City	3546 Church		Eng.	1000111			
130 STATE 136 CF	we or other institution, give residence ounty 13t. CITY OR Ellic	ott City YES NO	13e. STREET ADDRESS 3546 Church	Road			
14 FATHER'S NAME FIRST	MIDDLE LAS	T 15. MOTHER'S MAIDEN N	AME	LAST			
Steven	Taylor	Ann	38 16 34	Gaskin			
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS				
no	219-1	8-3660   Hermione Ta	avlor 3546 Ch	urch Road			
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line for (a), (I	bi, and icity Canal	100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DIATE CAUSE (0)	UIE CARDIAC	MICKEST	FBW MIN			
4275	DUE TO, OR AS A CONS	SEQUENCE OF ILEART	Derne	Venne			
Conditions, if any, which gove rise to immediate		MEARI	1195495	YEAKS			
couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		/			
Underlying couse lost	underlying couse lost (c)						
	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV						
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Time contribution con a	AUGU OPERATION MAG PERFORMEN	Loo AUTODOVO Look III	YES, WERE FINDINGS USED			
190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	INCE	RTIFYING CAUSES OF DEATH?			
CL ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW BY HIRV OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO			
OB CONTRIBUTION CAUCE O			KRED (ENTER NATURE OF INJURY IN TIEM	TB, PART FOR PART 2)			
(IF EITHER, NOTIFY MEDICAL EXAM		19 21f. LOCATION					
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE			
AT WORK AT WORK		4-15-700	11-15-5				
220.1 certify that (I) (this h	nospital) attended the deceased f	10111	n death occurred on the date and	D 19, that (I) (we) last			
obove, (l) (we) (did) (did) 22b. SIGNATURE	d not view the body ofter death.	DEGREE	- death occurred on the dote ond	22c. DATE SIGNED			
120. SIGNATURE	1 9 1000	ATTENDING	MEDICAL _ STAFF	777C			
22d. PHYSICIAN'S NAME (TO	on r-ren	PHYSICIAN  1220 ADDRESS	DIRECTOR PHYSICIAN	1-1-80			
ALE PRISICIAN SINAME (T)	PECKPRINI) FEAA.	ALC 2-15	AM1.02:	7-1717			
WILLIA	m - 1 F/1/K/	16 30721	コロトサールート	, -14)			
23a. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
Burial	7/28/80	St. Johns Cemetery	Ellicott Cid				
24 FUNERAL DIRECTOR	ADDRE	ss Ellico t City 250.	E REF 0 8 1986 RAR 256 REG	SISTRAR'S SIGNAL AND S			

ADDRESS Ellico t City 871 Columbia Rd

DHMH-16 50M 7/77 (VR A 15 (4))

SLACK FUNERAL

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etained by the haspital or attending physician.

10 E 1 8 1 5 3 8 5				
Are the Late				
		100		
and remain the wind	Anna Invitation			
ARREST Fair dis				
DISEASE YEARS				
7-15-60	all est			
VIET - 17-10	100 - 0	C Planes I	Section .	
BELLIE FILLS				
A A CONTRACT OF THE PARTY OF TH	7720-0-12 25	A FINAL S		
that U. all				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1
TO HOSPITAL عن ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Iter then in Proceedings of attending physician.	7
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in by the funeral director, plans should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after disort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	ge 3 Gr
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exercimer must be not liked to once	

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DHMH-16 25M (VRA 15, 4) 1/79

1	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYGI ATE OF DEATH	REG. NO	1 8	4	5	i
1		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		26 DATE OF DEATH	MONTH DAY		2h. HOUI	8
1		LOUIS		ZAWAT		JU		1980	7	A. <sub>M</sub>
	3 SEX	\\ALE	1 RACE CAUC	5 DATE OF	BIRTH DAY GEAR	6 AGE (IN YEARS LAST RIRTI	HDAY) IF UN	DER TYEAR	HOURS	MIN.
/	7e. BIF	RTHPLACE (STATE OR FOREIGN DUNTRY) RUSSIA	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED .	+ BALTIMORE CITY O	FRD D	COO	NH	1MD.
9	10. CT	Olumbia	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 6421 BELLEVIEW I	ADDRESS)	OTHER INSTITUTION	12R USUAL OCCUPATE (TYPE OF WORK FOR MOST OF EXECUTE	F WORKING LIFE!	2). KIND OF	BUSINE	SSOR
5	13a S				34. INSIDE CITY LIMITS?	13R. STREET ADDRESS	#21046	Del	Olu	mbia
1		THER'S NAME			MOTHER'S MAIDEN NAM					
a		NATHAN	ZAWATZK	Y	FANNIE	WIDDLE	BARI	ENBLO	MO	
		VAS DECEASED EVER IN U.S. A		4445	XXXXXXXXXXXXXXXXX	MRS ROSEY		3	#210 mb	46 and
	TION .	PART I. DEATH WAS CAUS  15 9 IMMEDIA  Conditions, if any, which gove rise to immediate couse 10's stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  1 DIABETES	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c) CONCENTRIBUTING TO  A SCULD, CHF (S)	OT RELATED TO THE TERM	STOMACH+	ESOP NO.		2my	S	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	G CAUSES	GS USED OF DEAT	H?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 10	OR PART 2		
	MEDICAL	21d. INJURY OCCURRED AT WORK IN AT WORK	21R PLACE OF INJURY ALL AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	TII LOCATION N	CITY OR TOW	IN C	COUNTY	STA	ATE
		220. I certify tho (1) this haspital) attended the deceased fram 82378 19 , to 719 19 60, that (1) (we) last saw the deceased alive on 75 19 , and that is (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) we) (did) (did not) view the bady after death.								
		22h SIGNATURE Welvin	Joel Korde	m W		MEDICAL STAF		22c DATE	19	86
		DR. MELVI	ORPRINT) IN JOEL KORDON	2	2000 Cent	ary Plaza	Colum	wbir	2	
	230 B	URIAL, CREMATION, REMOVA  BURIAL	L 236 DATE 23c		AETERY OR CREMATORY E HEBREW CONC	234 LOCATION SITY OF TOWN	OWN BAT	Tro.	MD'^	TE
	24 FU	INERAL DIRECTOR SOT		. INC.		REC'D. BY REGISTRAR		Howell		0

10 2 4 1980 Proposition of

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